

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BS		08-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	N	912	
RESPONSE FORMALITY REVIEW	M	957	16

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original 9/16/01
1	12/22/01
2	
3	✓
4	✓
5	
6	
7	✓
8	✓
9	0
10	0
11	
12	✓
13	
14	✓
15	0
16	0
17	0
18	0
19	0
20	0
21	✓
22	
23	
24	
25	
26	
27	
28	
29	
30	✓
31	✓
32	✓
33	✓
34	
35	
36	✓
37	✓
38	✓
39	0
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓✓
50	✓

Claim	Date
Final	Original 9/16/01
51	12/22/01
52	
53	
54	
55	
56	
57	
58	
59	
60	✓
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	✓
74	✓
75	✓
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	✓
86	✓
87	0
88	0
89	0
90	✓
91	✓
92	✓
93	0
94	
95	
96	✓
97	0
98	✓
99	✓
100	✓

Claim	Date
Final	Original 9/16/01
101	12/22/01
102	
103	
104	
105	
106	
107	
108	✓
109	✓
110	✓
111	✓
112	
113	
114	
115	
116	
117	
118	
119	
120	✓
121	✓
122	✓
123	✓
124	✓
125	0
126	✓
127	
128	✓
129	✓
130	✓
131	✓
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date	Claim	Date
Final Original		Final Original	
151	✓ 12/22/83	126	
152	✓	127	
153	○	128	
154	✓	129	
155	✓	130	
156		131	
157		132	
158		133	
159		134	
160		135	
161		136	
162	✓	137	
163	✓	138	
164		139	
165		140	
166		141	
167		142	
168		143	
169		144	
170		145	
171		146	
172		147	
173		148	
174		149	
175		150	